

**PROJECTED SIBLING TRANSFER ELIGIBILITY**  
**ANNUAL SPORTS WAIVER REQUEST FORM**

Date: \_\_\_\_\_ Effective During the School Year of: 2013-2014 | 2014-2015  
(Please Only Select One)

Parent or Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email Address: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**INFORMATION FOR STUDENT(S) REQUESTING ATHLETIC ELIGIBILITY AT THE SCHOOL AN  
OLDER SIBLING ATTENDS :**

Name of Student : \_\_\_\_\_ Grade \_\_\_\_\_

Current Middle School Attending: \_\_\_\_\_

**Zoned** High School: \_\_\_\_\_

**Requested** High School: \_\_\_\_\_

**NOTE:** Please be advised that with this request as with any district choice option, a transfer of middle schools between a student's 7th and 8th grade years that does not involve a bona fide change of residence may render the student ineligible for one calendar year at both the middle and high school levels.

**OLDER SIBLING(S) CURRENTLY ATTENDING THE REQUESTED SCHOOL ABOVE  
(MUST BE ATTENDING THROUGH AUTHORIZED DISTRICT TRANSFER):**

Sibling 1: \_\_\_\_\_ Grade: \_\_\_\_\_

What type of approval did the older sibling receive? \_\_\_\_\_

If you choose to utilize this waiver, please be aware you can be ruled ineligible to participate, if your older sibling decided to attend a different high school. Also, if you are completing this form while the requesting student is 7<sup>th</sup> grade student, you must receive an approval when the same requesting student is in the 8<sup>th</sup> grade.

**-Do Not Complete this Section .....PLANNING OFFICE ONLY -**

Is student eligible for this waiver based on Sibling Status Yes \_\_\_\_\_ No \_\_\_\_\_

Authority Employee Verifying Status \_\_\_\_\_ Date \_\_\_\_\_